

**CENTER DAY CARE**  
**NEW APPLICATION CHECKLIST**

**PLEASE ATTACH:**

- ☐ **New Application Form** (Must be completed in full, signed, and notarized)
- ☐ **W-9 Tax ID Form**
- ☐ **Insurance Verification** (to be filled out by insurance company)
  - ☐ Current Public Liability
  - ☐ Current Fire
- ☐ **Center Staff Master List**
- ☐ **Completed Employee Cover Sheets**
  - ☐ For all Care Providers / Staff
- ☐ **Release of information** (Must be completed in full, signed, and notarized)
  - ☐ For all Care Providers / Staff
- ☐ **Child Protective Services (CPS) and Adult Protective Services (APS) background checks**
  - ☐ For all Care Providers / Staff
- ☐ **Criminal background checks**
  - ☐ For all Care Providers / Staff
- ☐ **Department of Motor Vehicle background checks**
  - ☐ For all Care Providers / Staff
- ☐ **Statement of Health Form**
  - ☐ For all Care Providers / Staff
- ☐ **Immunization Records**
  - Measles Mumps Rubella (copy of Rubella Titer only if born prior to 1957)
    - ☐ For all caregivers / staff
  - Tetanus Diphtheria (w/in last 10 years)
    - ☐ For all caregivers / staff
- ☐ **Background Checks - Out of State**
  - ☐ If you or any employee have lived outside of Montana within the last five years we need a criminal background check from that state or states.
- ☐ **Tribal Background Checks**
  - ☐ If you or any employee have lived on a Reservation within the last five years we need a Tribal background check from that Reservation.
- ☐ **CURRENT Adult, Infant, & Child CPR Card (Copies – front & back)**
  - ☐ please check the cards for current dates
  - ☐ Infant, Child & Adult for all caregivers
- ☐ **CURRENT First Aid Card (Copies – front & back)** (please check the cards for current dates)
  - ☐ For all caregivers
- ☐ **Activity Schedule / Written Plan**
- ☐ **Sample Weekly Menu**
- ☐ **Floor Plan & Square Footage Report (2 Separate Forms)**
- ☐ **Fire Safety Inspection** (A certificate of approval from the State Fire Marshall, or the official designee, indicating the fire safety rules have been met)
- ☐ **Health Inspection** (A certificate from public health authorities certifying the approval of the facility following inspection by local authorities)